

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048742

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 2

STATE FILE NUMBER

FILED JAN 7 1964

|  |   |  |                               |
|--|---|--|-------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY Mercer  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Iowa b. COUNTY Wayne   |                               |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Princeton   |   | c. CITY OR TOWN Lineville  |                               |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Community Hospital  |   | d. STREET ADDRESS (If outside, give location)  |                               |
| 3. NAME OF DECEASED<br>(Type or print) Jennie Olive Poland   |   | 4. DATE OF DEATH Dec. 27, 1963   |                               |
| 5. SEX Female  | 6. COLOR OR RACE White  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>             | 8. DATE OF BIRTH Febr 1, 1885 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife   |   | 10b. KIND OF BUSINESS OR INDUSTRY Own Home   |                               |
| 11. BIRTHPLACE (City and state or country) Iowa  |   | 12. CITIZEN OF WHAT COUNTRY U.S.A.   |                               |
| 13a. FATHER'S NAME Frank Gammill   |   | 13b. MOTHER'S MAIDEN NAME Marilla Grantham   |                               |
| 14. NAME OF HUSBAND OR WIFE  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No   |                               |
| 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT Address Laurens Poland Mercer, Mo.   |                               |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Acute coronary thrombosis<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis<br>DUE TO (c) |   | INTERVAL BETWEEN ONSET AND DEATH 15 mins. 10 yrs.  |                               |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>Acute viral gastroenteritis with dehydration  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                               |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>         | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                               |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  |                               |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |                               |
| 21. I attended the deceased from April 9, 1955 to Dec. 27, 63 and last saw him alive on Dec. 27, 1963<br>Death occurred at 8:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |  |                               |
| 22a. SIGNATURE (Degree or title) Frank H. Gammill  |   | 22b. ADDRESS Princeton Mo.   |                               |
| 22c. DATE SIGNED 1-2-64  |   | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial   |                               |
| 23b. DATE Dec. 29, 1963  |   | 23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery  |                               |
| 23d. LOCATION (City, town, or county) Lineville Iowa   |   | 23e. DATE RECD. BY LOCAL REG. 1-2-64   |                               |
| 24. FUNERAL DIRECTOR ADDRESS Ames Greenlee Lineville Iowa  |   | 25. REGISTRAR'S SIGNATURE Hall Mary  |                               |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF:

VS 300  
Rev. 4/59  
1 0650  
2 8140  
3 2  
4 1  
5 2  
6  
7 1  
8 0  
9 4201  
10  
11  
12 2-0  
13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
on by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James L. Greenlee

Licensed Embalmer No. 3967

P. O. Address Linville, La.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

More Atlantic N.M.